



MRC Volunteer Application

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 256-4077 fax (413) 256-4053



PLEASE PRINT NEATLY

A. CONTACT INFORMATION:

Last Name		First Name
Street Address		
Town & Zip Code		
Email Address		
Home Phone	Work Phone	Other (mobile, fax, pager)
Which of the above is your preferred method of communication?		

B. PROFESSIONAL INFORMATION:

Profession, occupation, and/or degree: (current or prior to retirement)	
Do you currently hold a health-related certification or license in Massachusetts? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
If yes, Massachusetts certification or license number*: _____	
<i>*The Amherst MRC requires that a copy of this document and a letter of reference or from past or current employer or "Letter of Good Standing" from the relevant certification board be submitted prior to volunteer duties.</i>	
Current Employer (if applicable):	
Professional area of specialty or skills:	
Are you First Aid certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you CPR certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have teaching experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you part of any other emergency/disaster response team or alert system?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<i>*Please list other system(s) (e.g. local hospital, local fire department, American Red Cross team):</i>	

C. OTHER INFORMATION:

Do you have a current Massachusetts driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you fluent in a language other than English?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<i>*Please list language(s):</i>	
Would you be interested in a leadership position within the MRC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	

D. OPTIONAL SECTION:

In some situations responders' families may be eligible to receive medication or treatment. In your case, how many people would this apply to? _____
PLEASE USE THE BACK OF THIS SHEET TO ANSWER THE FOLLOWING:
1. What interests you most about the MRC?
2. Do you have any concerns about the MRC or MRC related duties?
3. Please tell us about any skills you are willing to share that have not been listed above.